

P21000003318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

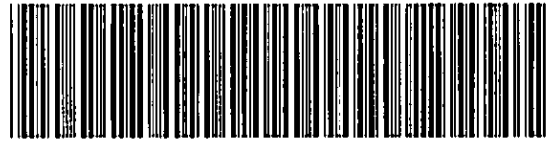
(Business Entity Name)

(Document Number)

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06/04/2021
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2021 MAY 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WELLNESS ARE USA INC.

(Name of Corporation)

DOCUMENT NUMBER: P21000003318

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAYAMI HERNANDEZ

(Name of Person)

WELLNESS ARE USA INC.

(Name of Firm/Company)

1100 N ANDREWS AVE

(Address)

FORT LAUDERDALE, FL 33311

(City/State and Zip Code)

For further information concerning this matter, please call:

DAYAMI HERNANDEZ at (786) 760-0135

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

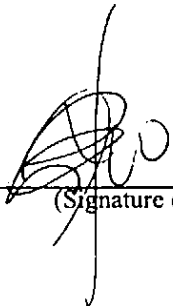
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANA BARBANA CAFA, hereby resign as T
(Title)

of WELLNESS ARE USA INC.
(Name of Corporation)

P21000003318, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2021 MAY 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA